



Name: _____ Birth Date: _____
Last / Family / Surname First / Given Initial Day / Month / Year

Address: _____

City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____

Home Phone: _____ Daytime Phone: _____

Email: _____ Referred by: _____

Occupation: _____

☐ M ☐ F
☐ Single
☐ Married

Emergency Contact: _____



Name: _____ Name: _____
 Address: _____ Address: _____

Relationship: _____ Relationship: _____
 Home Phone: _____ Home Phone: _____
 Work/Cell Phone: _____ Work/Cell Phone: _____



How did you hear about our scuba courses or our dive center?

- ☐ Internet ☐ Friend/Family member
☐ Yellow Pages ☐ Radio ☐ Newspaper
☐ Other _____

Have you ever participated in any diving activities?

Where? _____
 When? _____

What additional SDI courses interest you? _____

- ☐ Advanced Diver ☐ Divemaster
☐ Rescue Diver ☐ Assistant Instructor
☐ Master Scuba Diver ☐ Instructor

Specialties:

- ☐ Advanced Adventure Diver ☐ Equipment Specialist
☐ Advanced Buoyancy ☐ Full Face Mask Diver
☐ Altitude Diver ☐ Ice Diver
☐ Boat Diver ☐ Marine Ecosystems Awareness
☐ Computer Diver ☐ Night/ Limited Visibility Diver
☐ Computer Nitrox Diver ☐ Research Diver
☐ Deep Diver ☐ Search & Recovery Diver
☐ Drift Diver ☐ Shore/Beach Diver
☐ DPV Diver ☐ Solo Diver
☐ Dry Suit Diver ☐ Underwater Hunter & Collector



What dive destinations interest you? _____

- ☐ Australia ☐ Bahamas ☐ Bermuda ☐ Canada ☐ Caribbean ☐ Florida
☐ Hawaii ☐ Mexico ☐ Micronesia ☐ New Zealand ☐ Red Sea
☐ US East Coast ☐ US West Coast ☐ Other _____



Diver Training Record

Course: _____
 Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____
 Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____
 Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____
 Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____
 Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____